

PART B - FEE(S) TRANSMITTAL

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28538 7590 06/29/2006

DR. MELVIN BLECHER

4329 VAN NESS ST., NW

WASHINGTON, DC 20016

08/07/2006 MBELETE2 00000025 10652312

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
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Dr. Melvin Blecher (Depositor's name)
 Melvin Blecher (Signature)
 08/02/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/652,312

08/28/2003

Theoharis C. Theoharides

51275/145

1725

TITLE OF INVENTION: PROTEOGLYCAN COMPOSITIONS FOR THE TREATMENT OF CARDIOVASCULAR INFLAMMATORY DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$700

\$300

\$1000

09/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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ROGERS, JAMES WILLIAM

1618

424-451000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Law Office of Dr. Melvin Blecher

2

3 Dr. Melvin Blecher

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 10 (\$30.00)

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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Dr. Melvin Blecher

Date

08/02/2006

Typed or printed name

Dr. Melvin Blecher

Registration No.

33,649

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